

**Application Data Sheet**

**Application Information**

Application number::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	MEDICAL IMAGING SYSTEMS
Attorney Docket Number::	BIDM-P01-012
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	V.
Family Name::	Frangioni
City of Residence::	Wayland
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	34 Wayland Hills Road
City of mailing address::	Wayland
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01778

**Correspondence Information**

Correspondence Customer Number:: 28120

**Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/07596	03/11/03
PCT/US03/07596	Continuation of	60/363413	03/12/02

**Assignee Information**

Assignee name:: Beth Israel Deaconess Medical Center  
Street of mailing address:: 330 Brookline Avenue  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02214